IN THE JUSTICE COURT

PRECINCT, MARICOPA COUNTY, STATE OF ARIZONA

		CASE NUMBER:
PLAINTIFF:	DEFENDANT:	
Street:	Street:	
City/State/Zip:	City/State/Zip:	
Phone:	Phone:	
ATTORNEY:	ATTORNEY:	
Street:	Street:	
City/State/Zip:	Dhonoi	
	COUNTERCLAIM	
COUNTERCLAIM AMOUNT \$,	with interest at the legal rate plus all costs.
Being under oath, I affirm that I am find that the statements are true to	one of the parties in this action the best of my knowledge.	on. I have read the attached document, and
Date: Counte	erclaimant:	
Expiration date:	Notary Clerk: ———	
Judgment may be entered against	t you.	oly to Counterclaim. If you fail to do so, a defendant:
	•	Y to send a copy of this counterclaim at the